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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Kheim D. Nguyen

FIRM/COMPANY: United States Patent and Trademark Office

FACSIMILE NUMBER: 571-273-8300

**CONFIRMATION
TELEPHONE:**

FROM: Mark J. Marcelli

DIRECT DIAL: 619.744.2243

DATE: December 5, 2006

USER NUMBER:

FILE NUMBER: TS01-1037 / N1085-90149

**TOTAL # OF PAGES:
(INCLUDING COVERSHEET)**

MESSAGE: Attached please find: 1) Response to Final Office Action dated September 5, 2006, 2) Information Disclosure Statement Transmittal Letter, 3) Information Disclosure Statement and 4) Fee Transmittal (in duplicate).

NOTE: Original will not follow

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claiming small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
180.00**Complete If Known**

Application Number	10/661,793
Filing Date	09/12/2003
First Named Inventor	Chi-An Kao
Examiner Name	Khiem D. Nguyen
Art Unit	2823
Attorney Docket No.	TS01-1037

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: **04-1679** Deposit Account Name: **Duane Morris LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

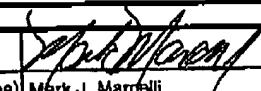
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Fee Under 37 CFR 1.87(d)

\$180.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone 619-744-2243
Signature			Date December 5, 2006

Name (Print/Type) **Mark J. Marcelli**

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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